



People with Chronic Conditions

Provided by the Wisconsin Information for State Health Policy Program, a program funded by the Division of Health and the Robert Wood Johnson Foundation.

Comments and suggestions on improving the profiles may be addressed to:

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FOREWORD

Community Health Profiles: People with Chronic Conditions is the third in a series of three subject-specific profiles. These profiles were developed to provide information that will contribute to the appropriate use of long-term care services for people with chronic conditions. The first profile in the series is about pregnant women and infants; the second is about children.

The profiles evolved from a series of discussions, begun in 1992, between decision-makers in Wisconsin who met to identify key health policy issues for which information was needed. The Wisconsin Information for State Health Policy Program (InfoSHPP), which seeks to improve the availability and usefulness of health information for policy-makers in the state, was an outgrowth of those discussions.

During the early phases of InfoSHPP, local communities were recognized as the primary arenas for implementing an effective long-term care system. In response, profiles to address the need for local information were developed for 89 distinct geographical areas of the state:

- each Wisconsin county;
- each of Wisconsin's five largest cities (Kenosha, Madison, Milwaukee, Racine, and Green Bay);
- a selected group of zip codes in the city of Milwaukee;
- the five Division of Health regions; and for the state as a whole.

This profile includes information about chronic conditions (defined by selected diagnoses) which program and policy decision-makers identified as high priority. These diagnoses and the associated International Classification of Disease--Ninth Revision disease codes are listed in the Technical Notes.

Community Health Profiles: People with Chronic Conditions makes a special contribution to local health information by providing:

- a focus on the specific topic of chronic health conditions;
- information in a user-friendly format;
- information from a variety of data sources, including both population-based and program participant information;
- a narrative highlighting related *statewide* information for each table and graph;
- graphs for comparable statewide, regional and local information (statewide and regional information is shown, even when numbers are too small to present for local areas);
- comparisons between actual and expected values, based on statewide rates, for selected health measures.

Many people contributed their time and ideas through a collaborative planning process to produce these profiles. Special acknowledgment goes to the chronic conditions work group formed in connection with the Information for State Health Policy Program; the Chronic Disease Section, Bureau of Public Health, and the Bureau of Health Care Financing, Division of Health; the Bureau on Aging and the Bureau of Long-Term Support, Division of Supportive Living; the Bureau of Management and Operations, Division of Children and Family Services; the Demographic Services Center, Department of Administration; and the Office of Health Care Information, Office of the Commissioner of Insurance.

The profiles were prepared in the Center for Health Statistics. Bernie Tennis was lead research analyst for the profiles; he had primary responsibility for the content, gathering and summarizing of the data. Angela Bethel performed technical production of the profiles, including creating the tables and graphics and importing the data. Patricia Nametz provided editing and review of the profiles. Patricia Guhleman, InfoSHPP Program Coordinator, provided consultation in all phases of production. Chris Miller proofread the final reports.

The following individuals provided data and expertise: Robert Adler for data from the U.S. Census; Eleanor Cautley and Fred Krantz for data from the Family Health Survey and Behavioral Risk Factor Survey; Laura Owens for data from the hospital inpatient files; Yiwu Zhang for Home Health Survey data; Victor Jesudason for Nursing Home Survey data; Richard Betz for Community Options Program (COP), Medicaid (MA) Waiver, and Community-Based Residential Facility (CBRF) data; Laura Stevenson-Vine for Cancer Reporting System data; Ed Seiser for CBRF data; and Dan Spencer for Medicaid data.

Your comments and suggestions on improving the profiles are appreciated. Please direct them to Bernie Tennis (608-267-9090 or tennib@dhfs.state.wi.us) or Patricia Guhleman (608-267-5221 or guhlepa@dhfs.state.wi.us) at the Center for Health Statistics. On the Internet, go to: http://www.dhfs.state.wi.us/ for instructions about accessing the profiles.

Requests for additional profiles should be addressed to:

Center for Health Statistics Division of Health Wisconsin Department of Health and Family Services P.O. Box 309, Room 172 Madison WI 53701-0309

LIST OF TABLES AND FIGURES

DEMOGRAP	HICS	
Table 1.	Population by Age, 1990 and Selected Years	1
HEALTH ST.	ATUS	
Figure 1.	Percent of Persons with Fair or Poor Health	1
Figure 2a	Percent of Persons with Selected Behavioral Risks, Age 18 and Older	
Figure 2b.	Percent of Persons with Selected Behavioral Risks, Ages 18-44	
Figure 2c.	Percent of Persons with Selected Behavioral Risks, Ages 45-64	
Figure 2d.	Percent of Persons with Selected Behavioral Risks, Age 65 and Older	
Table 2a.	Percent of Persons Reported to Have Selected Chronic Conditions, All Ages	
Table 2b.	Percent of Persons Reported to Have Selected Chronic Conditions, by Age	
1 4010 20.	Groups	/
Table 3.	Actual and Expected New Cancer Cases by Site	
Figure 3a.	Percent of Persons with Reported Limitations in Physical Activity Due to a	•
i iguic su.	Health Condition, Age 45 and Older	6
Figure 3b.	Percent of Persons with Reported Limitations in Physical Activity Due to a	
riguic 30.	Health Condition, Ages 45-64	6
Figure 3c.	Percent of Persons with Reported Limitations in Physical Activity Due to a	•
rigure se.	Health Condition, Age 65 and Older	7
	Treatur Condition, rige of und Order	,
USE OF SER	VICES	
Table 4.	Number of Home Health Recipients with Chronic Conditions, 1994	7
Table 5.	Number of Residents of Skilled Nursing Facilities (SNFs) on	•
10010 01	December 31, 1994	۶
Table 6.	Number of Persons Enrolled in the Community Options Program (COP) and	
10010 0.	Medicaid Waiver Programs in 1994.	8
Table 7.	Number of Publicly-Funded Residents of Community-Based Residential	`
	Facilities (CBRFs) in 1994	Ç
Table 8.	Number of Residents of Facilities for the Developmentally Disabled (FDDs) on	
	December 31, Selected Years	Ç
Table 9.	Number of Hospitalizations for Selected Chronic Conditions, by Age, 1994 1	
Table 10.	Actual and Expected Hospitalizations for Selected Chronic Conditions	
Table 11.	Hospitalizations for a Chronic Condition with a Secondary Diagnosis of	
10010 111	Diabetes, by Principal Diagnosis, 1994	2
Table 12.	Medicaid Reimbursed Health Services for People with Chronic Conditions,	
	1994	2
MORTALITY		
Table 13.	Mortality Attributed to Selected Chronic Conditions, 1994	3
Table 14.	Actual and Expected Mortality for Selected Chronic Conditions	
	1	
TECHNICAL	NOTES1	_

DEMOGRAPHICS

Table 1. Population by Age, 1990 and Selected Years

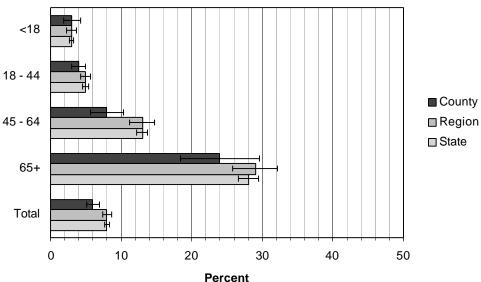
Age	1990	% Female	1994	2000	2010
<18	83,569	49%	95,960	96,348	95,859
18-34	130,771	50	129,300	126,117	134,125
35-44	60,830	50	66,150	65,250	64,498
45-54	33,578	51	38,540	58,665	60,992
55-64	24,359	52	23,930	30,469	52,156
65-74	18,999	55	21,000	20,148	25,242
75-84	11,010	63	12,200	13,660	14,689
85+	3,969	74	4,200	5,431	7,138
Total	367,085	51%	391,280	416,088	454,699

Source: 1990 data are from the U.S. Census of Population and Housing, Modified Age-Race-Sex (MARS) file. 1994 estimates are from the Wisconsin Center for Health Statistics. Projections for 2000 and 2010 are from the Demographic Services Center, Wisconsin Department of Administration.

Statewide, the number of people age 55 and over is expected to increase by onethird during the 20-year interval from 1990 to 2010.

HEALTH STATUS

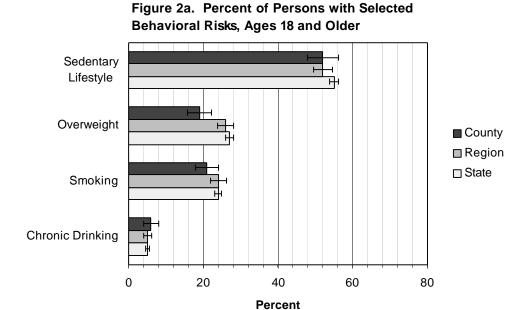
Figure 1. Percent of Persons with Fair or Poor Health



Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

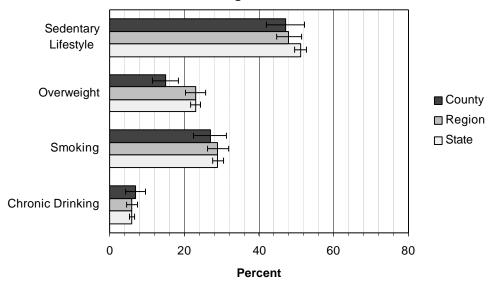
Note: Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Older people are more likely than younger people to perceive their health as fair or poor. Statewide, about 28 percent of older people (age 65 and over) perceive their health as either fair or poor, compared with about 13 percent of people ages 45-64.



About half of Wisconsin adults engage in little or no leisure-time physical activity (sedentary lifestyle), making this the most prevalent behavioral risk to health.

Figure 2b. Percent of Persons with Selected Behavioral Risks, Ages 18-44



For people ages 18-44, sedentary lifestyle ranks first in statewide prevalence of behavioral risks to health; smoking cigarettes constitutes the second most common behavioral risk.

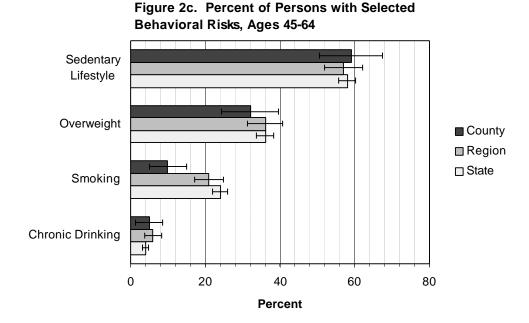
Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all Source: indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health

Statistics.

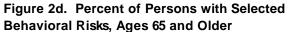
See Technical Notes for definitions of behavioral risks. Range indicated on each Note:

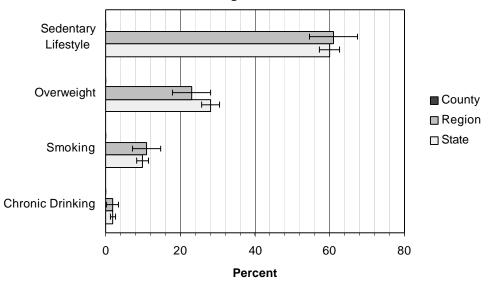
bar represents a 95% confidence interval (see Technical Notes). County estimates

based on fewer than 100 interviews are not shown.



Among middle-aged people (ages 45-64), being overweight represents the second leading behavioral risk (about 36 percent statewide), and smoking ranks third (24 percent).





Statewide, sedentary lifestyle and being overweight represent the most prevalent behavioral risks to people age 65 and over (about 60 percent and 28 percent, respectively).

Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all Source:

indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health Statistics.

Note: See Technical Notes for definitions of behavioral risks. Range indicated on each

bar represents a 95% confidence interval (see Technical Notes). County estimates based on fewer than 100 interviews are not shown.

Table 2a. Percent of Persons Reported to Have Selected Chronic Conditions, All Ages

	Cou	inty	Region	State
Chronic Condition	Percent	(+/-)	Percent	Percent
Cancer	3	(1)	3	3
Diabetes	3	(1)	3	3
Hypertension	9	(1)	11	11
Coronary Heart Disease	3	(1)	4	4
Heart Attack	1	(0)	2	2
Stroke	1	(0)	1	1
Asthma	10	(1)	9	8
Emphysema or Chronic				
Bronchitis	2	(1)	3	3
Arthritis	9	(1)	11	11
Any of the above	28	(2)	29	30

In Wisconsin, about 30 percent of all people report at least one chronic health condition, with arthritis and hypertension (high blood pressure) being the most frequently named conditions.

Table 2b. Percent of Persons Reported to Have Selected Chronic Conditions, by Age Groups

	<65			65+				
	Cou	ınty	Region	State	County		Region	State
Chronic Condition	%	(+/-)	%	%	%	(+/-)	%	%
Cancer	2	(1)	2	2	12	(4)	14	13
Diabetes	1	(0)	2	2	18	(5)	14	11
Hypertension	7	(1)	7	8	38	(6)	41	41
Coronary Heart Disease	2	(1)	2	2	17	(5)	20	21
Heart Attack	1	(0)	1	1	8	(3)	9	10
Stroke	0	(0)	0	0	4	(3)	6	6
Asthma	10	(1)	9	8	8	(4)	9	8
Emphysema or Chronic								
Bronchitis	2	(0)	2	2	8	(4)	9	7
Arthritis	6	(1)	7	7	44	(6)	47	45
Any of the above	23	(2)	23	24	78	(5)	79	78

Statewide, about one-fourth of all people under age 65 report at least one chronic health condition, compared with more than three-fourths of all people age 65 and over.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is based on persons who have ever been told by a doctor they have the listed condition. 95% confidence intervals are shown for county estimates only, because they are based on smaller sample sizes than the estimates for the regions and the state (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Table 3. Actual and Expected New Cancer Cases by Site

	Annual		1994	
	Average			Significant
Primary Site	1989-1993	Actual	Expected	Difference
Females				
Breast	236	199	216	
Colorectal	88	74	85	
Lung, Trachea &				
Bronchus	66	70	71	
Cervical	59	40	79	**
Other Sites	290	300	287	
All Sites	739	683	738	*
Males				
Colorectal	84	70	90	*
Lung, Trachea & Bronchus	97	85	104	*
Prostate	253	176	199	
Other Sites	293	324	296	
All Sites	727	655	689	
Total				
Colorectal	172	144	175	**
Lung, Trachea &	163	155	175	
Bronchus				
Other Sites	1,131	1,039	1,077	
All Sites	1,466	1,338	1,427	**

Source: Wisconsin Cancer Reporting System, Center for Health Statistics.

Note: The "expected" number of new cases for 1994 was calculated based on statewide cancer incidence rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of new cases in 1994 and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Statewide, breast cancer accounted for about one-fourth of newly reported cancers among Wisconsin women in 1994. Prostate cancer represented about 30 percent of reported cancer incidence among men.

Lung cancer and colorectal cancer each accounted for 13 percent of total cancer incidence in 1994.

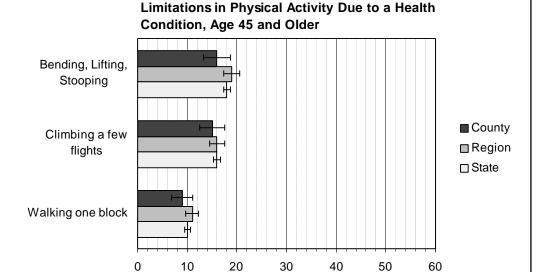
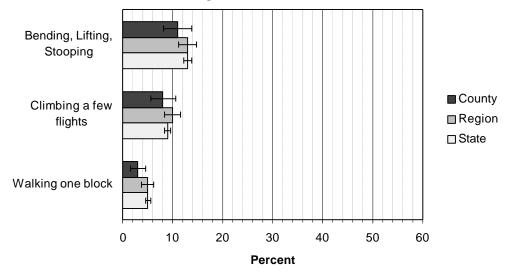


Figure 3a. Percent of Persons with Reported

Among all people age 45 and over in Wisconsin, a health condition limits physical bending, lifting or stooping for about 18 percent; climbing two flights of stairs for about 16 percent; and walking one block for about 10 percent.

Figure 3b. Percent of Persons with Reported Limitations in Physical Activity Due to a Health Condition, Ages 45-64

Percent

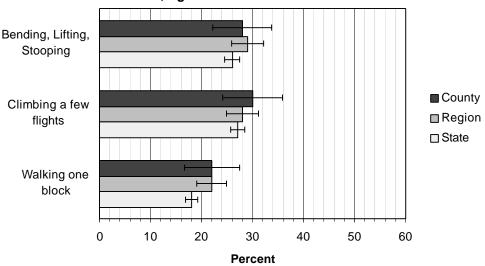


Among people ages 45-64, about 13 percent statewide indicate a limitation in bending, lifting or stooping due to a health condition.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is the proportion of adults whose health limits them in performing the listed activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Figure 3c. Percent of Persons with Reported Limitations in Physical Activity Due to a Health Condition, Age 65 and Older



Statewide, more than one-fourth of people age 65 and over face physical limitations in climbing stairs (about 27 percent) or bending, lifting, or stooping (about 26 percent).

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is the proportion of adults whose health limits them in performing the listed

activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

USE OF SERVICES

Table 4. Number of Home Health Recipients with Chronic Conditions, 1994

	Develop.			Other
	or Phys.	Mental	CNS	Chronic
Age	Disability	Illness	Disorder	Condition
<55	67	8	19	136
55-64	6	1	8	88
65-74	1	12	9	260
75+	7	37	13	509
Total	81	58	49	993

Source: Wisconsin Annual Survey of Home Health Agencies, Center for Health Statistics.

Note: This table provides unduplicated counts for 1994 of home health agency patients with chronic conditions; that is, patients whose primary diagnosis was a developmental or physical disability; a mental illness; a central nervous system (CNS) disorder, such as multiple sclerosis; or some other chronic condition. See Technical Notes for more detail about these categories. Counts of home health agency patients in various diagnostic categories are by *location of the agency*.

A chronic condition represented the primary diagnosis for about 29,000 clients of Wisconsin home health agencies in 1994.

Table 5. Number of Residents of Skilled Nursing Facilities (SNFs) on December 31, 1994

	Develop.	Mental	Physical	All
Age	Disability	Illness	Disability	Others
<65	9	30	5	102
65-74	2	59	3	159
75-84	10	166	10	470
85+	2	245	7	811
Total	23	500	25	1,542

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note: SNFs are nursing homes licensed to provide medical care needed to restore residents to their rehabilitation potential. This table reflects an unduplicated count of all SNF residents; the count is by *location of the facility*. All SNF residents (regardless of diagnosis) are included in this table. See Technical Notes for detail about the diagnostic categories.

Table 6. Number of Persons Enrolled in the Community Options Program (COP) and Medicaid Waiver Programs in 1994

	- 6 (,			
Age	Frail Elderly	Develop. Disability	Mental Illness	Physical Disability	Other
<18	0	45	5	1	0
18-44	0	226	98	27	4
45-54	0	77	47	27	2
55-64	0	21	34	15	4
65-74	141	0	0	0	0
75-84	132	0	0	0	0
85+	111	0	0	0	0
Total	384	369	184	70	10

Source: Wisconsin Human Services Reporting System.

Note: This table provides unduplicated counts of all persons enrolled in the COP and Medicaid waiver programs (CIP2, COP-W, CIP1A, CIP1B, CSLA), which are state-supervised and county-administered programs that provide community-based services to nursing-home-eligible persons. The count in this table reflects *county of residence*. See Technical Notes for more detail about the diagnostic categories.

In 1994, about half of all residents of Wisconsin skilled nursing facilities (SNFs) were age 85 or older.

Statewide, about 18,000 people were enrolled in the Community Options Program or Medicaid waiver programs in 1994; about half the enrollees were under age 65.

Table 7. Number of Publicly-Funded Residents of Community-Based Residential Facilities (CBRFs) in 1994

	Develop.	Mental	Physical		
Age	Disability	Illness	Disability	AODA	Other
18-44	81	80	5	223	49
45-64	37	41	3	54	7
65-74	7	10	0	8	6
75-84	0	5	0	1	23
85+	0	0	0	0	25
Total	125	136	8	286	110

Source: Wisconsin Human Services Reporting System.

Note:

A CBRF is a home or facility where three or more adults live and receive supportive services in daily living, care, treatment, or protective services beyond room and board; CBRF services may not include nursing care on a permanent basis. This table provides unduplicated counts of persons whose residence in a CBRF in 1994 was publicly funded. (No counts of private-pay CBRF residents are available.) The count is by *resident's county of origin*. Fifty-two residents statewide were reported to be under 18 years of age, and were not included in this table. See Technical Notes for more detail about the resident categories.

Statewide, mental illness constituted the most prevalent primary diagnosis among residents with public funding in community-based residential facilities in 1994.

Table 8. Number of Residents of Facilities for the Developmentally Disabled (FDDs) on December 31, Selected Years

	1990	1992	1994
Total	247	224	191

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note:

FDDs are nursing homes licensed to provide active treatment and services to residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy. This table reflects an unduplicated count of all FDD residents each year on December 31; the count is by *resident's county of origin*.

Statewide, there were about 3,400 residents in facilities for the developmentally disabled in 1994, nearly 500 fewer than in 1990.

Table 9. Number of Hospitalizations for Selected Chronic Conditions, by Age, 1994

Chronic Conditions	<18	18-44	45-64	65-74	75+
AIDS/HIV	4	14	4	0	1
Cancer	0	10	40	2.4	2.4
Breast	0	12	49	24	24
Colorectal	0	6	31	32	73
Lung, Trachea, & Bronchus	0	4	40	29	34
Cervical	0	10	5	0	0
Prostate	0	0	47	56	24
Other Cancers	26	321	430	223	201
Diabetes	42	103	93	70	64
Mental Illness					
Affective Disorders	114	475	124	48	46
Schizophrenias/Psychoses	5	245	67	12	4
Anxiety/Char Dis Inc Deprsn	19	137	29	5	13
Dementias	0	1	5	25	74
Alcohol and Other Drug					
Abuse	50	324	70	13	1
Other Mental Illness	27	69	12	0	0
Paralysis & Cerebral Palsy	3	3	2	0	1
Hypertension	0	6	10	2	12
Congestive Heart Failure	6	11	103	179	420
Coronary Heart Disease	0	95	534	428	403
Stroke	1	46	139	191	409
Asthma	120	142	52	28	29
Other Chronic Lung Disease	4	20	77	115	121
Liver Disease/Cirrhosis	0	26	27	19	9
Other Chronic Condition	104	679	592	360	401
Total Hospitalizations for					
Chronic Conditions	525	2,749	2,542	1,859	2,364
Total Hospitalizations	7,533	13,963	6,642	4,365	5,874
					

Statewide, a chronic condition constituted the primary diagnosis for about 30 percent of the approximately 602,000 total hospitalizations in 1994.

Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions.

Corrections to Mental Illness categories made January, 1998

Table 10. Actual and Expected Hospitalizations for Selected Chronic Conditions

	Annual		1994	
	Average			Significant
Chronic Condition	1989-1993	Actual	Expected	Difference
AIDS/HIV	6	23	10	**
Cancer				
Breast	188	109	164	**
Colorectal	157	142	151	
Lung, Trachea, & Bronchus	100	107	114	
Cervical	11	15	18	
Prostate	175	127	118	
Other Cancers	1,232	1,201	1,211	
Diabetes	315	372	438	**
Mental Illness				
Affective Disorders	721	807	1,058	**
Schizophrenias/Psychoses	297	333	429	**
Anxiety/Char Dis Inc Deprsn	167	203	288	**
Dementias	84	105	101	
Alcohol and Other Drug				
Abuse	404	458	917	**
Other Mental Illness	154	108	122	
Paralysis & Cerebral Palsy	16	9	13	
Hypertension	39	30	50	**
Congestive Heart Failure	657	719	852	**
Coronary Heart Disease	1,432	1,460	1,806	**
Stroke	730	786	817	
Asthma	351	371	450	**
Other Chronic Lung Disease	257	337	376	*
Liver Disease/Cirrhosis	68	81	72	
Other Chronic Conditions	2,238	2,136	2,178	
Total Hospitalizations for				
Chronic Conditions	9,799	10,039	11,753	**

Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions. The "expected" number of hospitalizations was calculated based on statewide hospitalization rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of hospitalizations and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Corrections to Mental Illness categories made January, 1998

Coronary heart disease, congestive heart failure, stroke, cancer and chronic lung disease accounted for more than half of all 1994 Wisconsin hospitalizations for which a chronic condition constituted the primary diagnosis.

Table 11. Hospitalizations for a Chronic Condition with a Secondary Diagnosis of Diabetes, by Principal Diagnosis, 1994

Principal Diagnosis	<55	55-74	75+	Total
Mental Illness	30	28	13	71
Coronary Heart Disease	63	157	66	286
Stroke	10	62	66	138
Chronic Lung Disease	10	16	15	41
Other Chronic Condition	119	278	172	569
Total	232	541	332	1,105

Source: Office of Health Care Information, hospital inpatient database.

Note: This table presents only those hospitalizations with a secondary diagnosis of diabetes for which the principal diagnosis was one of the selected chronic conditions examined. Diabetes is also associated with hospitalizations for complications not shown here, such as limb amputations and kidney failure.

Table 12. Medicaid-Reimbursed Health Services for People with Chronic Conditions, 1994

		Payment
Services	Number of Recipients	(in thousands)
Hospitalizations - Inpatient	2,186	\$13,554
Hospitalizations- Outpatient	4,498	2,973
Nursing Home	1,807	48,147
Physician	8,749	4,502
Pharmacy	8,626	8,904
Home Care	617	6,394
Mental Health	2,628	2,183
Therapies	717	746
Other	8,436	7,979
Total	9,700	\$95,382

Source: Medicaid Claims, Bureau of Health Care Financing.

Note: The counts in this table do not include any services provided by an HMO. "Therapies" include physical therapy, occupational therapy, speech and hearing therapy, group therapy, and comprehensive outpatient therapy provided by rehabilitation agencies. "Other" includes emergency room, durable medical equipment, lab and X-ray, dental, transportation, HealthCheck, and all other Medicaid services. See Technical Notes for list of chronic conditions and their ICD-9-CM codes.

About 14 percent of all hospitalizations for a chronic condition included a secondary diagnosis of diabetes.

Statewide, Medicaid paid about \$1.6 billion for services to people with chronic health conditions in 1994.

MORTALITY

Table 13. Mortality Attributed to Selected Chronic Conditions, 1994

Chronic Condition	<45	45-64	65-74	75+
HIV/AIDS	11	4	0	0
Cancer				
Breast	6	20	11	19
Colorectal	0	12	8	18
Lung, Trachea, & Bronchus	3	32	39	54
Cervical	3	1	1	0
Prostate	0	0	6	26
Diabetes	1	10	21	36
Congestive Heart Failure	2	5	6	57
Coronary Heart Disease	5	61	97	345
Stroke	3	12	27	163
Chronic Lung Disease	3	15	29	72
Liver Disease/Cirrhosis	4	10	4	4
Total (Chronic Conditions)	41	182	249	794
Total (All Deaths)	237	328	432	1,374

In 1994, chronic conditions accounted for about half (24,390) of all Wisconsin deaths.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death. Several conditions may be cited on the death certificate; one is selected using criteria established by the National Center for Health Statistics as the "underlying cause of death," that is, "the disease or injury which initiated the chain of events leading directly or indirectly to death." See Technical Notes for ICD-9-CM codes.

Table 14. Actual and Expected Mortality for Selected Chronic Conditions

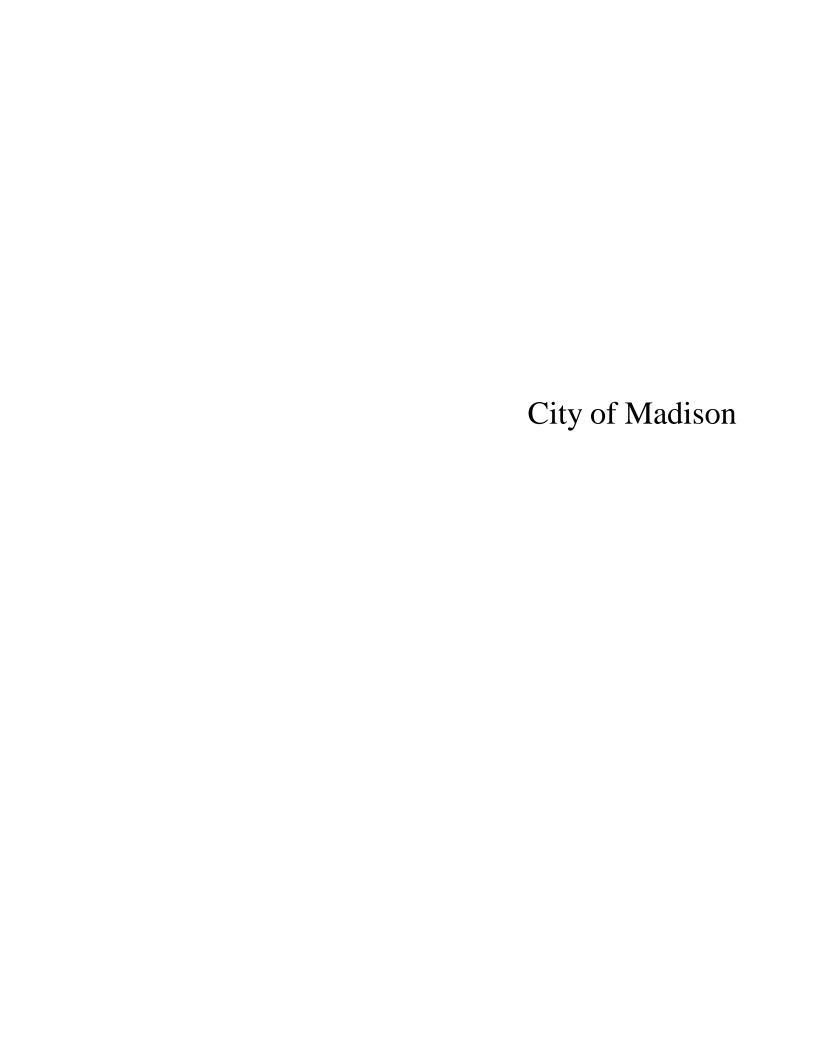
	Annual	1994		
Chronic Condition	Average 1989-1993	Actual	Expected	Significant Difference
HIV/AIDS	19	15	18	
Cancer				
Breast	48	56	52	
Colorectal	63	38	63	**
Lung, Trachea, & Bronchu	ıs 122	128	139	
Cervical	5	5	5	
Prostate	35	32	42	
Diabetes	54	68	60	
Congestive Heart Failure	44	70	59	
Coronary Heart Disease	526	508	570	**
Stroke	177	205	186	
Chronic Lung Disease	107	119	113	
Liver Disease/Cirrhosis	20	22	20	
Total	1,220	1,266	1,327	*

Statewide, coronary heart disease represented the leading cause of death due to a chronic health condition in 1994.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death (see note, Table 13). The "expected" number of deaths was based on statewide mortality rates by age and sex (see Technical Notes). The last column indicates whether there was a statistically significant difference between the expected number of deaths and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.



DEMOGRAPHICS

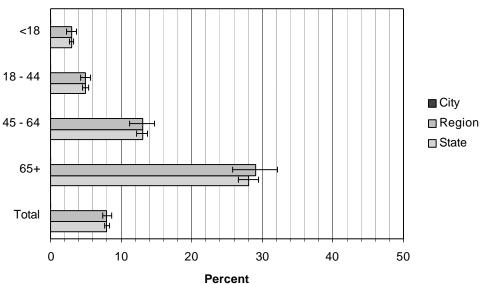
Table 1. Population by Age, 1990 and Selected Years

Age	1990	% Female	1994	2000	2010
<18	35,815	49%	40,541		
18-34	81,100	50	79,049		
35-44	29,325	50	31,437		
45-54	15,369	52	17,390	Projection	s are not
55-64	11,835	54	11,461	available	below the
65-74	9,818	57	10,698	county	level.
75-84	5,825	66	6,363	•	
85+	2,175	76	2,269		
Total	191,262	51%	199,208	209,523	223,739

1990 data are from the U.S. Census of Population and Housing, Modified Age-Source: Race-Sex (MARS) file. 1994 estimates are from the Wisconsin Center for Health Statistics. Projections for 2000 and 2010 are from the Demographic Services Center, Wisconsin Department of Administration.

HEALTH STATUS

Figure 1. Percent of Persons with Fair or Poor Health



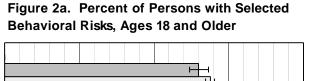
Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

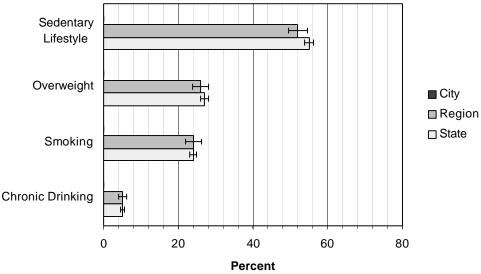
Note: Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Older people are more likely than younger people to perceive their health as fair or poor. Statewide, about 28 percent of older people (age 65 and over) perceive their health as either fair or poor, compared with about 13 percent of people ages 45-64.

Statewide, the number of people age 55 and over is

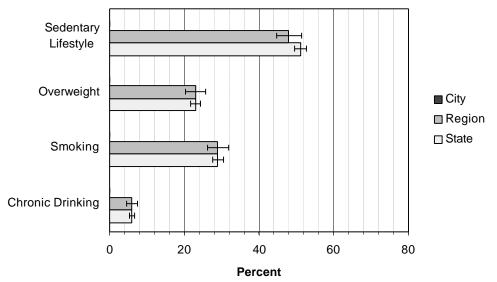
expected to increase by onethird during the 20-year interval from 1990 to 2010.





About half of Wisconsin adults engage in little or no leisure-time physical activity (sedentary lifestyle), making this the most prevalent behavioral risk to health.

Figure 2b. Percent of Persons with Selected Behavioral Risks, Ages 18-44



For people ages 18-44, sedentary lifestyle ranks first in statewide prevalence of behavioral risks to health; smoking cigarettes constitutes the second most common behavioral risk.

Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all Source:

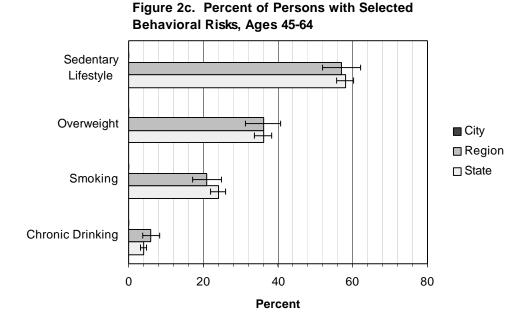
indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health

Statistics.

Note: See Technical Notes for definitions of behavioral risks. Range indicated on each

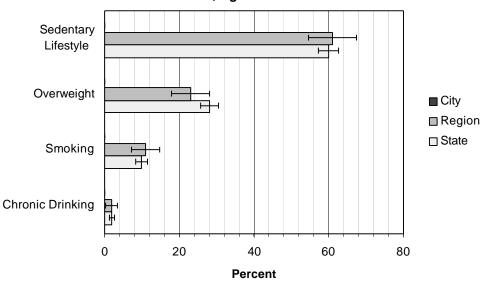
bar represents a 95% confidence interval (see Technical Notes). Estimates based on

fewer than 100 interviews are not shown.



Among middle-aged people (ages 45-64), being overweight represents the second leading behavioral risk (about 36 percent statewide), and smoking ranks third (24 percent).

Figure 2d. Percent of Persons with Selected Behavioral Risks, Ages 65 and Older



Statewide, sedentary lifestyle and being overweight represent the most prevalent behavioral risks to people age 65 and over (about 60 percent and 28 percent, respectively).

Source: Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all

indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health

Statistics.

Note: See Technical Notes for definitions of behavioral risks. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based

on fewer than 100 interviews are not shown.

Table 2a. Percent of Persons Reported to Have Selected Chronic Conditions, All Ages

	City		Region	State
Chronic Condition	Percent	(+/-)	Percent	Percent
Cancer			3	3
Diabetes			3	3
Hypertension			11	11
Coronary Heart Disease	Data for	this	4	4
Heart Attack	table are	e not	2	2
Stroke	available	below	1	1
Asthma	the county	y level.	9	8
Emphysema or Chronic				
Bronchitis			3	3
Arthritis			11	11
Any of the above			29	30

In Wisconsin, about 30 percent of all people report at least one chronic health condition, with arthritis and hypertension (high blood pressure) being the most frequently named conditions.

Table 2b. Percent of Persons Reported to Have Selected Chronic Conditions, by Age Groups

			<65		65+			
	C	ity	Region	State	C	ity	Region	State
Chronic Condition	%	(+/-)	%	%	%	(+/-)	%	%
Cancer			2	2			14	13
Diabetes			2	2			14	11
Hypertension			7	8			41	41
Coronary Heart Disease			2	2			20	21
Heart Attack			1	1			9	10
Stroke			0	0			6	6
Asthma			9	8			9	8
Emphysema or Chronic								
Bronchitis			2	2			9	7
Arthritis			7	7			47	45
Any of the above			23	24			79	78

Statewide, about one-fourth of all people under age 65 report at least one chronic health condition, compared with more than three-fourths of all people age 65 and over.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is based on persons who have ever been told by a doctor they have the listed condition. 95% confidence intervals are shown for the city estimates only, because they are based on smaller sample sizes than the estimates for the regions and the state (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Table 3. Actual and Expected New Cancer Cases by Site

	Annual		1994	
	Average			Significant
Primary Site	1989-1993	Actual	Expected	Difference
Females				
Breast	140	112		
Colorectal	52	40		
Lung, Trachea &				
Bronchus	43	39		
Cervical	35	26		
Other Sites	177	179		
All Sites	447	396		
Males				
Colorectal	41	38		
Lung, Trachea &			Expected	values are
Bronchus	56	44	not availa	
Prostate	147	111	the coun	
Other Sites	171	187	the coun	icy ic veil
All Sites	415	380		
Total				
Colorectal	93	78		
Lung, Trachea &	99	83		
Bronchus				
Other Sites	670	615		
All Sites	862	776		

Source: Wisconsin Cancer Reporting System, Center for Health Statistics.

Note:

The "expected" number of new cases for 1994 was calculated based on statewide cancer incidence rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of new cases in 1994 and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Statewide, breast cancer accounted for about one-fourth of newly reported cancers among Wisconsin women in 1994. Prostate cancer represented about 30 percent of reported cancer incidence among men.

Lung cancer and colorectal cancer each accounted for 13 percent of total cancer incidence in 1994.

0

10

20

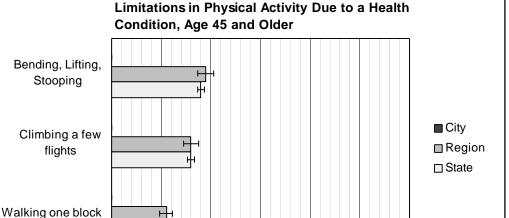


Figure 3a. Percent of Persons with Reported

Among all people age 45 and over in Wisconsin, a health condition limits physical bending, lifting or stooping for about 18 percent; climbing two flights of stairs for about 16 percent; and walking one block for about 10 percent.

Figure 3b. Percent of Persons with Reported Limitations in Physical Activity Due to a Health Condition, Ages 45-64

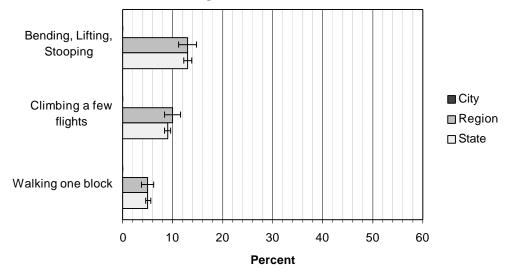
30

Percent

40

50

60



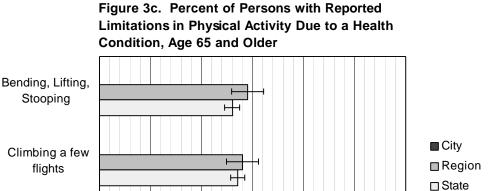
Among people ages 45-64, about 13 percent statewide indicate a limitation in bending, lifting or stooping due to a health condition.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is the proportion of adults whose health limits them in performing the listed activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

flights

Walking one block



Statewide, more than one-fourth of people age 65 and over face physical limitations in climbing stairs (about 27 percent) or bending, lifting, or stooping (about 26 percent).

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

20

10

Note: Percent is the proportion of adults whose health limits them in performing the listed

30

Percent

40

50

60

activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

USE OF SERVICES

Number of Home Health Recipients with Chronic Conditions, Table 4. 1994

Age	Develop. or Phys. Disability	Mental Illness	CNS Disorder	Other Chronic Condition		
<55						
55-64		Data for this	table			
65-74	are not available					
75+	below the county level.					
Total						

Total

Source: Wisconsin Annual Survey of Home Health Agencies, Center for Health Statistics.

Note: This table provides unduplicated counts for 1994 of home health agency patients with chronic conditions; that is, patients whose primary diagnosis was a developmental or physical disability; a mental illness; a central nervous system (CNS) disorder, such as multiple sclerosis; or some other chronic condition. See Technical Notes for more detail about these categories. Counts of home health agency patients in various diagnostic categories are by location of the agency.

A chronic condition represented the primary diagnosis for about 29,000 clients of Wisconsin home health agencies in 1994.

Table 5. Number of Residents of Skilled Nursing Facilities (SNFs) on December 31, 1994

	Develop.	Mental	Physical	All
Age	Disability	Illness	Disability	Others
<65	2	3	4	53
65-74	1	26	2	92
75-84	2	70	8	220
85+	0	128	7	421
Total	5	227	21	786

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note: SNFs are nursing homes licensed to provide medical care needed to restore residents to their rehabilitation potential. This table reflects an unduplicated count of all SNF residents; the count is by *location of the facility*. All SNF residents (regardless of diagnosis) are included in this table. See Technical Notes for detail

about the diagnostic categories.

Table 6. Number of Persons Enrolled in the Community Options Program (COP) and Medicaid Waiver Programs in 1994

	Frail	Develop.	Mental	Physical	
Age	Elderly	Disability	Illness	Disability	Other
<18					
18-44					
45-54					
55-64		Data	for this ta	ble	
		are	not availal	ole	
65-74		below 1	the county	level.	
75-84			•		
85+					

Total

Source: Wisconsin Human Services Reporting System.

Note:

This table provides unduplicated counts of all persons enrolled in the COP and Medicaid waiver programs (CIP2, COP-W, CIP1A, CIP1B, CSLA), which are state-supervised and county-administered programs that provide community-based services to nursing-home-eligible persons. The count in this table reflects *county of residence*. See Technical Notes for more detail about the diagnostic categories.

In 1994, about half of all residents of Wisconsin skilled nursing facilities (SNFs) were age 85 or older.

Statewide, about 18,000 people were enrolled in the Community Options Program or Medicaid waiver programs in 1994; about half the enrollees were under age 65.

Table 7. Number of Publicly-Funded Residents of Community-Based Residential Facilities (CBRFs) in 1994

Age	Develop. Disability	Mental Illness	Physical Disability	AODA	Other
18-44	Disability	IIIICSS	Disability	AODA	Other
45-64		Data	for this table	e	
65-74		are	not available	- !	
75-84		below 1	the county le	vel.	
85+			v		
Total					

Source: Wisconsin Human Services Reporting System.

Note: A CBRF is a home or facility where three or more adults live and receive supportive services in daily living, care, treatment, or protective services beyond room and board; CBRF services may not include nursing care on a permanent basis. This table provides unduplicated counts of persons whose residence in a CBRF in 1994 was publicly funded. (No counts of private-pay CBRF residents are available.) The count is by *resident's county of origin*. Fifty-two residents statewide were reported to be under 18 years of age, and were not included in this table. See Technical Notes for more detail about the resident categories.

Statewide, mental illness constituted the most prevalent primary diagnosis among residents with public funding in community-based residential facilities in 1994.

Table 8. Number of Residents of Facilities for the Developmentally Disabled (FDDs) on December 31, Selected Years

	1990	1992	1994
Total	Data for this table are not	available below the c	ounty level.
Courses	Wissensin Annual Curvey of Nursing Homes	Contar for Hoolth Stat	istics

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note: FDDs are nursing homes licensed to provide active treatment and services to residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy. This table reflects an unduplicated count of all FDD residents each year on December 31; the count is by *resident's county of origin*.

Statewide, there were about 3,400 residents in facilities for the developmentally disabled in 1994, nearly 500 fewer than in 1990.

Table 9. Number of Hospitalizations for Selected Chronic Conditions, by Age, 1994

Chronic Conditions	<18	18-44	45-64	65-74	75+
AIDS/HIV	4	14	2	0	0
Cancer					
Breast	0	5	29	14	17
Colorectal	0	3	20	16	41
Lung, Trachea, & Bronchus	0	3	20	13	18
Cervical	0	6	5	0	0
Prostate	0	0	23	34	16
Other Cancers	13	200	254	135	116
Diabetes	18	69	59	39	35
Mental Illness					
Affective Disorders	68	337	79	33	25
Schizophrenias/Psychoses	3	210	64	11	4
Anxiety/Char Dis Inc Deprsn	9	105	20	2	10
Dementias	0	1	4	17	42
Alcohol and Other Drug					
Abuse	27	230	52	9	1
Other Mental Illness	16	58	6	0	0
Paralysis & Cerebral Palsy	0	2	1	0	0
Hypertension	0	4	2	2	8
Congestive Heart Failure	2	6	58	96	240
Coronary Heart Disease	0	50	292	248	242
Stroke	1	26	86	114	241
Asthma	87	102	36	16	23
Other Chronic Lung Disease	0	15	44	67	74
Liver Disease/Cirrhosis	0	13	23	11	9
Other Chronic Condition	56	385	315	222	233
Total Hospitalizations for					
Chronic Conditions	304	1,844	1,494	1,099	1,395
Total Hospitalizations	4,107	8,562	3,792	2,680	3,466

Total Hospitalizations 4,107 8,562 3,792 Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions.

Corrections to Mental Illness categories made January, 1998

Statewide, a chronic condition constituted the primary diagnosis for about 30 percent of the approximately 602,000 total hospitalizations in 1994.

Table 10. Actual and Expected Hospitalizations for Selected Chronic Conditions

	Annual		1994	
	Average			Significant
Chronic Condition	1989-1993	Actual	Expected	Difference
AIDS/HIV	5	20		
Cancer				
Breast	110	65		
Colorectal	82	80		
Lung, Trachea, & Bronchus	60	54		
Cervical	7	11		
Prostate	101	73		
Other Cancers	732	718		
Diabetes	182	220		
Mental Illness				
Affective Disorders	477	542		
Schizophrenias/Psychoses	238	292	Expected	values are
Anxiety/Char Dis Inc Deprsn	108	146	not availa	ble below
Dementias	54	64	the coun	ty level.
Alcohol and Other Drug				•
Abuse	275	319		
Other Mental Illness	112	80		
Paralysis & Cerebral Palsy	11	3		
Hypertension	25	16		
Congestive Heart Failure	391	402		
Coronary Heart Disease	822	832		
Stroke	430	468		
Asthma	213	264		
Other Chronic Lung Disease	161	200		
Liver Disease/Cirrhosis	42	56		
Other Chronic Conditions	1,288	1,211		
Total Hospitalizations for				
Chronic Conditions	5,927	6,136		

Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions. The "expected" number of hospitalizations was calculated based on statewide hospitalization rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of hospitalizations and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Corrections to Mental Illness categories made January, 1998

Coronary heart disease, congestive heart failure, stroke, cancer and chronic lung disease accounted for more than half of all 1994 Wisconsin hospitalizations for which a chronic condition constituted the primary diagnosis.

Table 11. Hospitalizations for a Chronic Condition with a Secondary Diagnosis of Diabetes, by Principal Diagnosis, 1994

Principal Diagnosis	<55	55-74	75+	Total
Mental Illness	23	24	9	56
Coronary Heart Disease	39	91	41	171
Stroke	4	44	32	80
Chronic Lung Disease	8	6	8	22
Other Chronic Condition	70	157	104	331
Total	144	322	194	660

Source: Office of Health Care Information, hospital inpatient database.

Note: This table presents only those hospitalizations with a secondary diagnosis of diabetes for which the principal diagnosis was one of the selected chronic conditions examined. Diabetes is also associated with hospitalizations for complications not shown here, such as limb amputations and kidney failure.

Table 12. Medicaid-Reimbursed Health Services for People with Chronic Conditions, 1994

		Payment
Services	Number of Recipients	(in thousands)
Hospitalizations - Inpatient	1,589	\$10,112
Hospitalizations- Outpatient	3,227	2,214
Nursing Home	997	34,300
Physician	6,122	3,241
Pharmacy	5,870	6,352
Home Care	461	4,570
Mental Health	1,995	1,884
Therapies	421	430
Other	5,899	5,879
Total	6,696	\$68,994

Source: Medicaid Claims, Bureau of Health Care Financing.

Note: The counts in this table do not include any services provided by an HMO. "Therapies" include physical therapy, occupational therapy, speech and hearing therapy, group therapy, and comprehensive outpatient therapy provided by rehabilitation agencies. "Other" includes emergency room, durable medical equipment, lab and X-ray, dental, transportation, HealthCheck, and all other Medicaid services. See Technical Notes for list of chronic conditions and their ICD-9-CM codes.

About 14 percent of all hospitalizations for a chronic condition included a secondary diagnosis of diabetes.

Statewide, Medicaid paid about \$1.6 billion for services to people with chronic health conditions in 1994.

MORTALITY

Table 13. Mortality Attributed to Selected Chronic Conditions, 1994

Chronic Condition	<45	45-64	65-74	75+
HIV/AIDS	10	2	0	0
Cancer				
Breast	3	7	7	14
Colorectal	0	4	0	9
Lung, Trachea, & Bronchus	2	16	18	29
Cervical	2	1	0	0
Prostate	0	0	2	15
Diabetes	0	7	18	18
Congestive Heart Failure	2	1	4	18
Coronary Heart Disease	5	30	52	194
Stroke	1	10	14	92
Chronic Lung Disease	2	8	18	39
Liver Disease/Cirrhosis	3	6	4	4
Total (Chronic Conditions)	30	92	137	432
Total (All Deaths)	139	168	236	736

In 1994, chronic conditions accounted for about half (24,390) of all Wisconsin deaths.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death. Several conditions may be cited on the death certificate; one is selected using criteria established by the National Center for Health Statistics as the "underlying cause of death," that is, "the disease or injury which initiated the chain of events leading directly or indirectly to death." See Technical Notes for ICD-9-CM codes.

Table 14. Actual and Expected Mortality for Selected Chronic Conditions

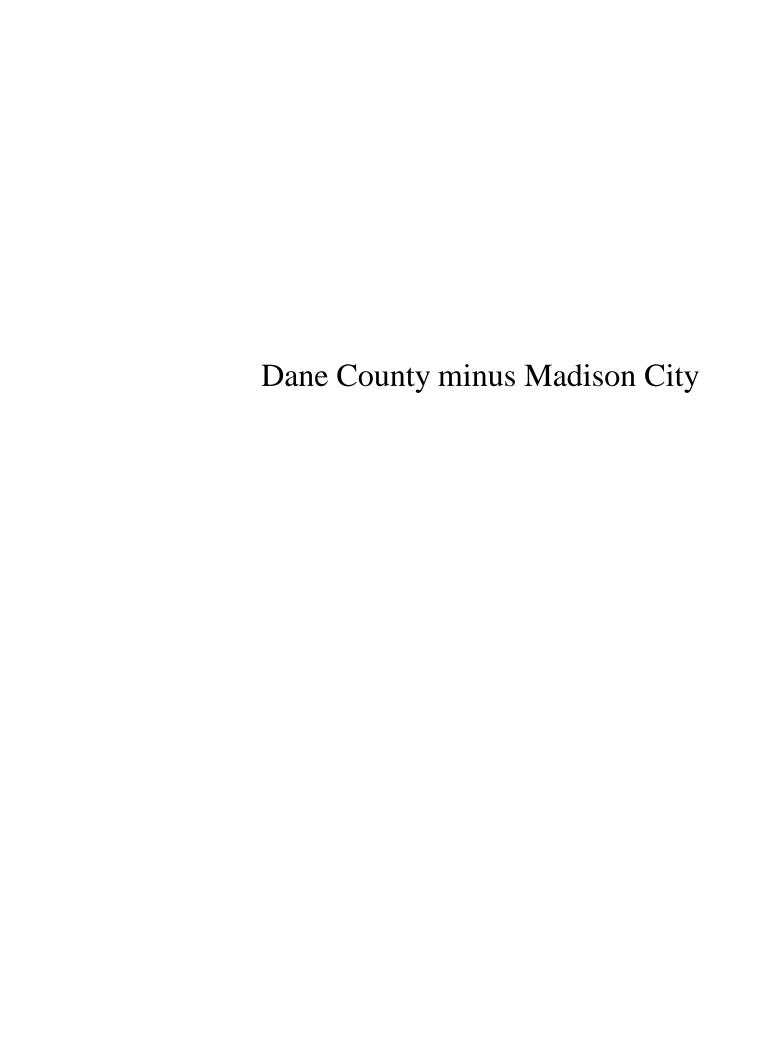
	Annual	1994		
Chronic Condition	Average 1989-1993	Actual	Expected	Significant Difference
HIV/AIDS	13	12		
Cancer				
Breast	26	31		
Colorectal	34	13		
Lung, Trachea, & Broncl	hus 69	65		
Cervical	3	3	Expected va	alues are
Prostate	18	17	not availa	ble below
Diabetes	30	43	the coun	ty level.
Congestive Heart Failure	20	25		
Coronary Heart Disease	280	281		
Stroke	99	117		
Chronic Lung Disease	63	67		
Liver Disease/Cirrhosis	11	17		
Total	666	691		

Statewide, coronary heart disease represented the leading cause of death due to a chronic health condition in 1994.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death (see note, Table 13). The "expected" number of deaths was based on statewide mortality rates by age and sex (see Technical Notes). The last column indicates whether there was a statistically significant difference between the expected number of deaths and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.



DEMOGRAPHICS

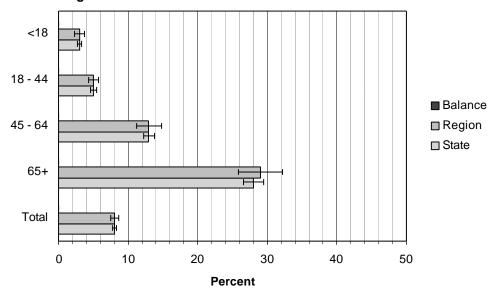
Population by Age, 1990 and Selected Years Table 1.

Age	1990	% Female	1994	2000	2010
<18	47,754	49%	55,419		
18-34	49,671	50	50,251		
35-44	31,505	50	34,713		
45-54	18,209	49	21,150	Projection	ns are not
55-64	12,524	50	12,469	available	below the
65-74	9,181	54	10,302	county	level.
75-84	5,185	60	5,837		
85+	1,794	72	1,931		
Total	175,823	50%	192,072	206,565	230,960

Source: 1990 data are from the U.S. Census of Population and Housing, Modified Age-Race-Sex (MARS) file. 1994 estimates are from the Wisconsin Center for Health Statistics. Projections for 2000 and 2010 are from the Demographic Services Center, Wisconsin Department of Administration.

HEALTH STATUS

Figure 1. Percent of Persons with Fair or Poor Health



Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Older people are more likely than younger people to perceive their health as fair or poor. Statewide, about 28 percent of older people (age 65 and over) perceive their health as either fair or poor, compared with about 13 percent of people ages 45-64.

Statewide, the number of people age 55 and over is

expected to increase by onethird during the 20-year interval from 1990 to 2010.



Figure 2a. Percent of Persons with Selected

About half of Wisconsin adults engage in little or no leisure-time physical activity (sedentary lifestyle), making this the most prevalent behavioral risk to health.

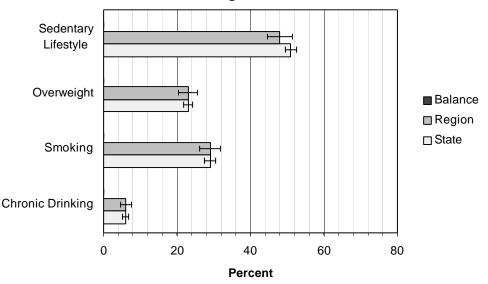
Figure 2b. Percent of Persons with Selected Behavioral Risks, Ages 18-44

40

Percent

60

80



For people ages 18-44, sedentary lifestyle ranks first in statewide prevalence of behavioral risks to health; smoking cigarettes constitutes the second most common behavioral risk.

Source: Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all

indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health

Statistics.

Chronic Drinking

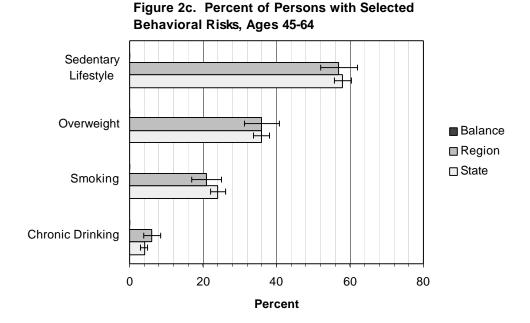
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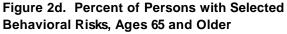
Note: See Technical Notes for definitions of behavioral risks. Range indicated on each

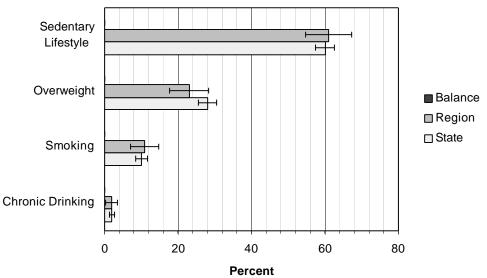
bar represents a 95% confidence interval (see Technical Notes). Estimates based on

fewer than 100 interviews are not shown.



Among middle-aged people (ages 45-64), being overweight represents the second leading behavioral risk (about 36 percent statewide), and smoking ranks third (24 percent).





Statewide, sedentary lifestyle and being overweight represent the most prevalent behavioral risks to people age 65 and over (about 60 percent and 28 percent, respectively).

Source: Wisconsin Behavioral Risk Factor Survey, 1990-1994 combined data for all

indicators except "sedentary lifestyle" (1989-1992, 1994), Center for Health

Statistics.

Note: See Technical Notes for definitions of behavioral risks. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based

on fewer than 100 interviews are not shown.

Table 2a. Percent of Persons Reported to Have Selected Chronic Conditions, All Ages

,	Are	ea	Region	State
Chronic Condition	Percent	(+/-)	Percent	Percent
Cancer			3	3
Diabetes			3	3
Hypertension			11	11
Coronary Heart Disease	Data for	this	4	4
Heart Attack	table ar	e not	2	2
Stroke	available	below	1	1
Asthma	the county	y level.	9	8
Emphysema or Chronic				
Bronchitis			3	3
Arthritis			11	11
Any of the above			29	30

In Wisconsin, about 30 percent of all people report at least one chronic health condition, with arthritis and hypertension (high blood pressure) being the most frequently named conditions.

Table 2b. Percent of Persons Reported to Have Selected Chronic Conditions, by Age Groups

		<65			65+			
	A	rea	Region	State	A	rea	Region	State
Chronic Condition	%	(+/-)	%	%	%	(+/-)	%	%
Cancer			2	2			14	13
Diabetes			2	2			14	11
Hypertension			7	8			41	41
Coronary Heart Disease			2	2			20	21
Heart Attack			1	1			9	10
Stroke			0	0			6	6
Asthma			9	8			9	8
Emphysema or Chronic								
Bronchitis			2	2			9	7
Arthritis			7	7			47	45
Any of the above			23	24			79	78

Statewide, about one-fourth of all people under age 65 report at least one chronic health condition, compared with more than three-fourths of all people age 65 and over.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

Note: Percent is based on persons who have ever been told by a doctor they have the listed condition. 95% confidence intervals are shown for the area estimates only, because they are based on smaller sample sizes than the estimates for the regions and the state (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Table 3. Actual and Expected New Cancer Cases by Site

	Annual		1994	
	Average			Significant
Primary Site	1989-1993	Actual	Expected	Difference
Females				_
Breast	96	87		
Colorectal	36	34		
Lung, Trachea &				
Bronchus	23	31		
Cervical	24	14		
Other Sites	113	121		
All Sites	292	287		
Males				
Colorectal	43	32		
Lung, Trachea &			Expected	values are
Bronchus	41	41	not availa	
Prostate	106	65	the coun	
Other Sites	122	137	0220 00022	10, 10, 010
All Sites	312	275		
Total				
Colorectal	79	66		
Lung, Trachea &	64	72		
Bronchus				
Other Sites	461	424		
All Sites	604	562		

about 30 percent of reported cancer incidence among men.

Lung cancer and colorectal cancer each accounted for 13 percent of total

cancer incidence in

1994.

Statewide, breast cancer accounted for about one-fourth of newly reported cancers among Wisconsin women in 1994. Prostate cancer represented

Source: Wisconsin Cancer Reporting System, Center for Health Statistics.

Note:

The "expected" number of new cases for 1994 was calculated based on statewide cancer incidence rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of new cases in 1994 and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

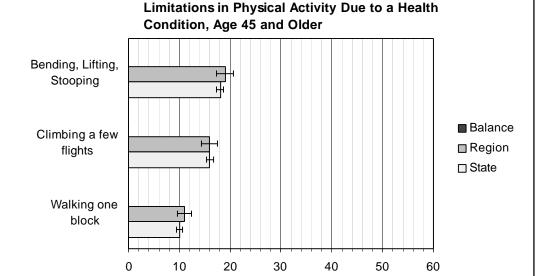
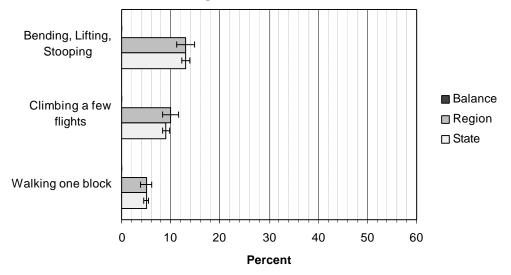


Figure 3a. Percent of Persons with Reported

Among all people age 45 and over in Wisconsin, a health condition limits physical bending, lifting or stooping for about 18 percent; climbing two flights of stairs for about 16 percent; and walking one block for about 10 percent.

Figure 3b. Percent of Persons with Reported Limitations in Physical Activity Due to a Health Condition, Ages 45-64

Percent



Among people ages 45-64, about 13 percent statewide indicate a limitation in bending, lifting or stooping due to a health condition.

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

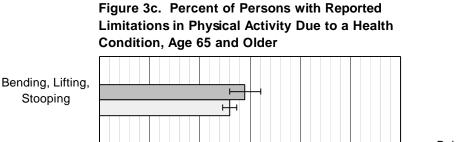
Note: Percent is the proportion of adults whose health limits them in performing the listed activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

Stooping

Climbing a few

flights

Walking one block



■ Balance ■ Region

☐ State

30 Percent 40

50

60

Source: Family Health Survey, 1990-1994 combined data, Center for Health Statistics.

20

10

Note: Percent is the proportion of adults whose health limits them in performing the listed

activity. Range indicated on each bar represents a 95% confidence interval (see Technical Notes). Estimates based on fewer than 100 interviews are not shown.

than one-fourth of people age 65 and over face physical limitations in climbing stairs (about 27 percent) or bending, lifting, or stooping (about 26 percent).

Statewide, more

USE OF SERVICES

Number of Home Health Recipients with Chronic Conditions, Table 4. 1994

	Develop.			Other
	or Phys.	Mental	CNS	Chronic
Age	Disability	Illness	Disorder	Condition
<55				
55-64		Data for this	table	
65-74		are not avail	lable	
75+	be	elow the count	ty level.	
Total				

Total

Source: Wisconsin Annual Survey of Home Health Agencies, Center for Health Statistics.

Note:

This table provides unduplicated counts for 1994 of home health agency patients with chronic conditions; that is, patients whose primary diagnosis was a developmental or physical disability; a mental illness; a central nervous system (CNS) disorder, such as multiple sclerosis; or some other chronic condition. See Technical Notes for more detail about these categories. Counts of home health agency patients in various diagnostic categories are by location of the agency.

A chronic condition represented the primary diagnosis for about 29,000 clients of Wisconsin home health agencies in 1994.

Table 5. Number of Residents of Skilled Nursing Facilities (SNFs) on December 31, 1994

	occomber 61, 155 i			
	Develop.	Mental	Physical	All
Age	Disability	Illness	Disability	Others
<65	7	27	1	49
65-74	1	33	1	67
75-84	8	96	2	250
85+	2	117	0	390
Total	18	273	4	756

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note:

SNFs are nursing homes licensed to provide medical care needed to restore residents to their rehabilitation potential. This table reflects an unduplicated count of all SNF residents; the count is by *location of the facility*. All SNF residents (regardless of diagnosis) are included in this table. See Technical Notes for detail about the diagnostic categories.

Table 6. Number of Persons Enrolled in the Community Options Program (COP) and Medicaid Waiver Programs in 1994

	Frail	Develop.	Mental	Physical	
Age	Elderly	Disability	Illness	Disability	Other
<18					
18-44					
45-54					
55-64		Data	for this ta	ble	
		are	not availab	ole	
65-74		below t	the county	level.	
75-84			· ·		
85+					

Source: Wisconsin Human Services Reporting System.

Note:

Total

This table provides unduplicated counts of all persons enrolled in the COP and Medicaid waiver programs (CIP2, COP-W, CIP1A, CIP1B, CSLA), which are state-supervised and county-administered programs that provide community-based services to nursing-home-eligible persons. The count in this table reflects *county of residence*. See Technical Notes for more detail about the diagnostic categories.

In 1994, about half of all residents of Wisconsin skilled nursing facilities (SNFs) were age 85 or older.

Statewide, about 18,000 people were enrolled in the Community Options Program or Medicaid waiver programs in 1994; about half the enrollees were under age 65.

Table 7. Number of Publicly-Funded Residents of Community-Based Residential Facilities (CBRFs) in 1994

	Develop.	Mental	Physical		
Age	Disability	Illness	Disability	AODA	Other
18-44					
45-64		Data	for this table	e	
65-74		are	not available		
75-84		below 1	the county le	vel.	
85+			J		
Total					

Source: Wisconsin Human Services Reporting System.

Note: A CBRF is a home or facility where three or more adults live and receive supportive services in daily living, care, treatment, or protective services beyond room and board; CBRF services may not include nursing care on a permanent basis. This table provides unduplicated counts of persons whose residence in a CBRF in 1994 was publicly funded. (No counts of private-pay CBRF residents are available.) The count is by *resident's county of origin*. Fifty-two residents statewide were reported to be under 18 years of age, and were not included in this table. See Technical

Notes for more detail about the resident categories.

Statewide, mental illness constituted the most prevalent primary diagnosis among residents with public funding in community-based residential facilities in 1994.

Table 8. Number of Residents of Facilities for the Developmentally Disabled (FDDs) on December 31, Selected Years

Disabled (TDDs) on December 31, beleeted Tears				
	1990	1992	1994	
Total	Data for this table are not	available below the cour	nty level.	

Source: Wisconsin Annual Survey of Nursing Homes, Center for Health Statistics.

Note: FDDs are nursing homes licensed to provide active treatment and services to residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy. This table reflects an unduplicated count of all FDD residents each year on December 31; the count is by *resident's county of origin*.

Statewide, there were about 3,400 residents in facilities for the developmentally disabled in 1994, nearly 500 fewer than in 1990.

Table 9. Number of Hospitalizations for Selected Chronic Conditions, by Age, 1994

Chronic Conditions	<18	18-44	45-64	65-74	75+
AIDS/HIV	0	0	2	0	1
Cancer					
Breast	0	7	20	10	7
Colorectal	0	3	11	16	32
Lung, Trachea, & Bronchus	0	1	20	16	16
Cervical	0	4	0	0	0
Prostate	0	0	24	22	8
Other Cancers	13	121	176	88	85
Diabetes	24	34	34	31	29
Mental Illness					
Affective Disorders	46	138	45	15	21
Schizophrenias/Psychoses	2	35	3	1	0
Anxiety/Char Dis Inc Deprsn	10	32	9	3	3
Dementias	0	0	1	8	32
Alcohol and Other Drug					
Abuse	23	94	18	4	0
Other Mental Illness	11	11	6	0	0
Paralysis & Cerebral Palsy	3	1	1	0	1
Hypertension	0	2	8	0	4
Congestive Heart Failure	4	5	45	83	180
Coronary Heart Disease	0	45	242	180	161
Stroke	0	20	53	77	168
Asthma	33	40	16	12	6
Other Chronic Lung Disease	4	5	33	48	47
Liver Disease/Cirrhosis	0	13	4	8	0
Other Chronic Condition	48	294	277	138	168
Total Hospitalizations for					
Chronic Conditions	221	905	1,048	760	969
Total Hospitalizations	3,426	5,401	2,850	1,685	2,408

Statewide, a chronic condition constituted the primary diagnosis for about 30 percent of the approximately 602,000 total hospitalizations in 1994.

Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions.

Corrections to Mental Illness categories made January, 1998

Table 10. Actual and Expected Hospitalizations for Selected Chronic Conditions

Conditions	Annual		1994	-
	Average			Significant
Chronic Condition	1989-1993	Actual	Expected	Difference
AIDS/HIV	1	3		
Cancer				
Breast	78	44		
Colorectal	75	62		
Lung, Trachea, & Bronchus	40	53		
Cervical	4	4		
Prostate	74	54		
Other Cancers	500	483		
Diabetes	133	152		
Mental Illness				
Affective Disorders	244	265		
Schizophrenias/Psychoses	59	41	Expected	values are
Anxiety/Char Dis Inc Deprsn	59	57	not availa	ble below
Dementias	30	41	the coun	ty level.
Alcohol and Other Drug				
Abuse	129	139		
Other Mental Illness	42	28		
Paralysis & Cerebral Palsy	5	6		
Hypertension	14	14		
Congestive Heart Failure	266	317		
Coronary Heart Disease	610	628		
Stroke	300	318		
Asthma	138	107		
Other Chronic Lung Disease	96	137		
Liver Disease/Cirrhosis	26	25		
Other Chronic Conditions	950	925		
Total Hospitalizations for				
Chronic Conditions	3,872	3,903		

Source: Office of Health Care Information, hospital inpatient database.

Note: Data are based on the principal diagnosis only. Conditions shown tend to be associated with long-term involvement with the health care system. See Technical Notes for the ICD-9-CM codes of these conditions. The "expected" number of hospitalizations was calculated based on statewide hospitalization rates by age and sex (see Technical Notes). The last column indicates where there was a statistically significant difference between the expected number of hospitalizations and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Corrections to Mental Illness categories made January, 1998

Coronary heart disease, congestive heart failure, stroke, cancer and chronic lung disease accounted for more than half of all 1994 Wisconsin hospitalizations for which a chronic condition constituted the primary diagnosis.

Table 11. Hospitalizations for a Chronic Condition with a Secondary Diagnosis of Diabetes, by Principal Diagnosis, 1994

Principal Diagnosis	<55	55-74	75+	Total
Mental Illness	7	4	4	15
Coronary Heart Disease	24	66	25	115
Stroke	6	18	34	58
Chronic Lung Disease	2	10	7	19
Other Chronic Condition	49	121	68	238
Total	88	219	138	445

Source: Office of Health Care Information, hospital inpatient database.

Note: This table presents only those hospitalizations with a secondary diagnosis of diabetes for which the principal diagnosis was one of the selected chronic conditions examined. Diabetes is also associated with hospitalizations for complications not shown here, such as limb amputations and kidney failure.

Table 12. Medicaid-Reimbursed Health Services for People with Chronic Conditions, 1994

		Payment
Services	Number of Recipients	(in thousands)
Hospitalizations - Inpatient	597	\$3,442
Hospitalizations- Outpatient	1,271	759
Nursing Home	810	13,847
Physician	2,627	1,260
Pharmacy	2,756	2,552
Home Care	156	1,825
Mental Health	633	299
Therapies	296	316
Other	2,537	2,101
Total	3,004	\$26,388

Source: Medicaid Claims, Bureau of Health Care Financing.

Note: The counts in this table do not include any services provided by an HMO. "Therapies" include physical therapy, occupational therapy, speech and hearing therapy, group therapy, and comprehensive outpatient therapy provided by rehabilitation agencies. "Other" includes emergency room, durable medical equipment, lab and X-ray, dental, transportation, HealthCheck, and all other Medicaid services. See Technical Notes for list of chronic conditions and their ICD-9-CM codes.

About 14 percent of all hospitalizations for a chronic condition included a secondary diagnosis of diabetes.

Statewide, Medicaid paid about \$1.6 billion for services to people with chronic health conditions in 1994.

MORTALITY

Table 13. Mortality Attributed to Selected Chronic Conditions, 1994

Chronic Condition	<45	45-64	65-74	75+
HIV/AIDS	1	2	0	0
Cancer				
Breast	3	13	4	5
Colorectal	0	8	8	9
Lung, Trachea, & Bronchus	1	16	21	25
Cervical	1	0	1	0
Prostate	0	0	4	11
Diabetes	1	3	3	18
Congestive Heart Failure	0	4	2	39
Coronary Heart Disease	0	31	45	151
Stroke	2	2	13	71
Chronic Lung Disease	1	7	11	33
Liver Disease/Cirrhosis	1	4	0	0
Total (Chronic Conditions)	11	90	112	362
Total (All Deaths)	98	160	196	638

In 1994, chronic conditions accounted for about half (24,390) of all Wisconsin deaths.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death. Several conditions may be cited on the death certificate; one is selected using criteria established by the National Center for Health Statistics as the "underlying cause of death," that is, "the disease or injury which initiated the chain of events leading directly or indirectly to death." See Technical Notes for ICD-9-CM codes.

Table 14. Actual and Expected Mortality for Selected Chronic Conditions

	Annual		1994	
Chronic Condition	Average 1989-1993	Actual	Expected	Significant Difference
HIV/AIDS	6	3		
Cancer				
Breast	22	25		
Colorectal	29	25		
Lung, Trachea, & Bronch	ius 53	63		
Cervical	2	2	Expected va	alues are
Prostate	17	15	not availa	ble below
Diabetes	24	25	the coun	ty level.
Congestive Heart Failure	24	45		
Coronary Heart Disease	246	227		
Stroke	78	88		
Chronic Lung Disease	44	52		
Liver Disease/Cirrhosis	9	5		
Total	554	575		

Statewide, coronary heart disease represented the leading cause of death due to a chronic health condition in 1994.

Source: Resident death certificates, Center for Health Statistics.

Note:

This table reflects the underlying cause of death (see note, Table 13). The "expected" number of deaths was based on statewide mortality rates by age and sex (see Technical Notes). The last column indicates whether there was a statistically significant difference between the expected number of deaths and the actual number. Two asterisks indicate significance at the .01 level and a single asterisk indicates significance at the .05 level.

Technical Notes

The regions used in this report reflect the uniform Department of Health and Family Services boundaries which became effective July 1996.

A blank column in a table and the absence of a bar in a figure indicate either that data are not available for a given geographic level, or that a stable estimate could not be calculated.

Chronic Conditions. As defined in *Chronic Disease Epidemiology and Control* (American Public Health Association, 1993), chronic conditions are those that have a prolonged course, that do not resolve spontaneously, and for which a complete cure is seldom achieved. These conditions are generally characterized by uncertain etiology, multiple risk factors, a long latency period, a prolonged course of illness, non-contagious origin, and functional impairment or disability. The conditions analyzed in this profile include the following diagnoses and their ICD-9-CM codes:

```
HIV (042-044)
Cancer (140-239)
        Breast (174-175)
        Cervical (180)
        Colorectal (153-154)
        Lung, Trachea, & Bronchus (162)
        Prostate (185)
        Leukemia (204-208)
        Other (140-152, 155-161, 163-173, 176-179, 181-184, 186-203, 209-239)
Diabetes (250)
Mental Disorders
        Dementias (290-290.43, 291.1, 291.2, 292.82, 292.83, 294.0, 294.1)
        Alcohol and Other Drug Abuse (291.0, 291.3, 292.0, 292.11, 292.84, 303.90,
                 304-304.90, 305-305.90)
        Schizophrenias / Psychoses (293.81, 293.82, 295.10-295.35, 295.60-295.95, 297.1-297.3)
        Affective Disorders (293.83, 296.2-296.7)
        Anxiety / Character and Miscellaneous Disorders (294.8, 294.9, 300.00-300.13,
                 301.00-301.82, 300.15-300.9, 301.84-301.9, 302.71-302.79, 306.51-307.0,
                 307.20, 307.21, 307.23-307.47, 307.80, 310.10, 780.52-780.54)
        Other Chronic Mental Disorders (300.14, 301.83, 307.1, 307.50-307.51, 299.00, 299.80,
                 307.22, 307.23, 307.52-307.7, 312.00-312.23, 313.82, 314.00, 314.01, 315.9)
Mental Retardation (317-319)
Alzheimer's Disease (331.0)
Parkinson's Disease (332)
Multiple Sclerosis and Other Diseases of the Central Nervous System (320-330, 331.1-331.9, 333-341)
Paralysis & Cerebral Palsy (342-344)
Glaucoma (365)
Cataracts (366)
Congestive Heart Failure (428, 402.01, 402.11, 402.91)
Hypertension (401, 402.00, 402.10, 402.90)
Coronary Heart Disease (410-414, 429.2)
Stroke (430-438)
Liver Disease / Cirrhosis (571)
Emphysema and Chronic Lung Disease (490-496, 500-504, 506, 507.8, 515-517),
        includes Asthma (493)
Arthropathies, Dorsopathies, & Rheumatism (710-729), includes Arthritis (710-719)
Osteopathies (730-739), includes Osteoporosis (733)
```

Family Health Survey. The Wisconsin Family Health Survey (FHS) is a statewide telephone survey using a stratified random sample of households in Wisconsin. One person in each household, who is most knowledgeable about the health of household members, answers the questions on behalf of all household members. Interviews are conducted each month of the year; a total of about 2,400 households are surveyed annually. Completed interviews are weighted to represent nonrespondents and to correct for disproportionate sampling rates across regions. The completed sample is considered to be representative of the Wisconsin household population, although it does not include any households without telephones and minority populations are somewhat underrepresented.

Confidence intervals. Figures using FHS data contain error bars at the end of each graph bar, indicating a 95% confidence interval. That is, there is a 95% chance that the actual percentage falls within the range indicated by the error bar. Tables 2a and 2b have a column labeled (+/-) that contains the 95% confidence interval associated with each county value.

Sample size. For all of the FHS analyses in this report, data from five years (1990-1994) were combined. This was done to provide more stable estimates at the county and regional levels for the age groups being considered. The confidence associated with estimates varies with the size of the sample used to produce the estimates. For example, estimates based on a sample of 200 might vary by as much as (plus or minus) 7 percent. In these profiles, FHS estimates are not available below the county level, except for the city of Milwaukee.

Behavioral Risk Factor Survey. The Wisconsin Behavioral Risk Factor Survey (BRFS) is a statewide telephone survey using a stratified random sample of households in Wisconsin. One adult is randomly selected from each household to be interviewed. Interviews are conducted each month of the year; a total of 1,500-2,100 households are surveyed annually. Completed interviews are weighted to represent nonrespondents and to correct for disproportionate sampling rates across regions. The completed sample is considered to be representative of the Wisconsin household population, although it does not include any households without telephones and minority populations are somewhat underrepresented.

Confidence intervals. See above discussion of confidence intervals.

Definition of behavioral risks. Figures 2a-2d show four health risks: (1) Sedentary lifestyle is defined by no leisure-time physical activity, or activities done for less than 20 minutes or fewer than 3 times per week. (2) Overweight is determined by a body mass index (weight in kilograms divided by height in meters squared) of 27.3 or greater for women and 27.8 or greater for men. (3) Smokers are those who smoke currently and have smoked more than 100 cigarettes in their lifetime. (4) Chronic drinkers are those who report consuming 60 or more drinks in the previous month. The Centers for Disease Control and Prevention defined these behavioral risk standards.

Sample size. Figures 2a-2d use combined data from five years of the survey to provide more stable estimates at the county and regional levels for the age groups being considered. Data from 1989-1992 and 1994 were used for sedentary lifestyle; 1990-1994 data were used for the other risks. The reader should be aware that the confidence associated with estimates varies with the size of the sample used to produce the estimates. For example, estimates based on a sample of 200 might vary by as much as (plus or minus) 7 percent. In these profiles, BRFS estimates are not available below the county level.

Cancer Reporting System. Table 3 is based on reported cancer cases from Wisconsin hospitals and clinics, out-of-state cancer registries, and Minnesota hospitals near the state border. Data are for Wisconsin residents only.

All malignant neoplasms (except basal cell carcinoma and squamous cell carcinoma which arise in the skin) are reportable to the Wisconsin Cancer Reporting System per state statute (255.04). Only newly diagnosed cases of primary tumor sites for a particular calendar year are included in the incidence count for that year.

The colorectal cancer group includes the following sites: colon, rectum, rectosigmoid junction, anus and anal canal.

Actual and Expected Values. Tables 3, 10 and 14 present actual and expected values for cancer incidence, hospitalizations and mortality, and indicate whether the differences are statistically significant. In this profile, the statewide age- and sex-specific rates for each event (i.e., site-specific cancer incidence, cause-specific hospitalizations and cause-specific mortality) are used as the "standard" against which each community is compared. CHS calculated the sex-specific rates for each chronic condition in five-year age increments, and applied these rates to the community's population to produce an expected number of cases in the community.

Actual values are affected by the age and sex distributions within the community. For example, because the risk of cancer increases with age, a higher than average number of cancer cases is usually found in communities whose proportion of elderly is greater than the state's. If the community is similar to the state in terms of age and sex distribution, a higher-than-expected number of cancer cases is probably due to factors other than age and sex.

The statistical test of significance indicates the probability that the difference did not occur by chance. In any statistical test, sample size can strongly influence the results. In large communities, smaller numerical differences may be statistically significant, whereas in smaller communities, large numerical differences might not meet the statistical test of significance. For this reason, the tests of significance should not be used to compare communities. Each community should evaluate both its actual and its expected values in developing intervention priorities.

Home Health Survey. The Wisconsin Home Health Survey is an annual survey of all home health agencies providing services to Wisconsin residents. Table 4 presents the number of patients reported, based on principal diagnosis. Diagnosis categories include slightly different groupings, depending on which survey form the agency used.

Category	Conditions and ICD-9-CM Diagnostic Codes
Developmental or Physical Disability	Mental Retardation (317-319), Paralysis and Cerebral Palsy (342-344)
Mental Illness and AODA	Senile Dementia (290), Mental Illness (291-302, 306-316) and Alcohol and Other Drug Abuse (303-305)
Central Nervous System	CNS disorders (320-341) or Multiple Sclerosis only (340-341)
Other Medical Conditions	HIV/AIDS (042-044), Cancer (140-239), Diabetes (250), Stroke (436-438), Respiratory Diseases (460-519) Arthopathies, Dorsopathies, and Rheumatism (710-729) or Arthritis (710-719) Osteopathies (730-739) or Bone Degeneration (730-733)

Nursing Home Survey. The Wisconsin Annual Survey of Nursing Homes is a survey of all facilities licensed to provide nursing care in Wisconsin. Patient counts in Table 5 present skilled nursing facility residents on December 31, 1994 by principal diagnosis.

Category	Conditions and ICD-9-CM Diagnostic Codes
Developmental Disabilities	Mental Retardation (317-319), Cerebral Palsy (343) Epilepsy (345), Autism (299), other developmental disabilities
Mental Disorders	Alzheimer's (331,290.1), Mental Illness (291-302, 306-316), Alcohol and Other Drug Abuse (303-305)
Physical Disabilities	Paraplegia (344.1-344.9), Quadriplegia (344), Hemiplegia (342)
Medical Conditions	Cancer (140-239), Fractures (800-839), Cardiovascular (390-429, 439-459), Cerebrovascular (430-438), Diabetes (250), Respiratory Diseases (460-519), and other medical conditions

Human Services Reporting System. The Wisconsin Human Services Reporting System (HSRS) tracks state-funded social services administered by counties. Community Option Program and Medicaid waiver clients are classified according to program requirements, which include assigning all clients over age 65 to the "frail elderly" category, meaning a fragile state of health related to multiple age-associated conditions. All other clients and community-based residential facility (CBRF) residents are categorized by primary diagnosis as follows:

Category	Condition and HSRS Code
Developmental Disabilities	DD codes 19, 23, 25, 26, 27, 28
Mental Illness	Mentally Ill (02), Chronically Mentally Ill (03), and Severely Emotionally Disturbed (86)
Physical Disabilities	Blind/Visually Impaired (07), Hearing Impaired (08), Physically Disabled/Mobility Impaired (09), Alzheimer's (18)*, Other Physical Disability (38)
Other	All other clients

^{*} COP and Waiver Programs only; does not apply to CBRF residents.

CBRF counts. CBRF data are unavailable for Burnett, Eau Claire, Iowa, Milwaukee, Monroe, Portage, Washburn, and Washington counties, and residents are significantly undercounted in Barron, Brown, Forest, Kenosha, Langlade, Lincoln, Manitowoc, Marathon, Oneida, Polk, Rusk, and Vilas counties. Residents are also slightly undercounted in Buffalo, Door, Douglas, Green, Juneau, Kewaunee, Marinette, Menominee, Oconto, Ozaukee, Racine, Richland, Sauk, and St. Croix counties. Regional and statewide CBRF residents are also undercounted.

Hospitalizations. The hospital findings presented in this profile are based on data extracted from each hospital's Uniform Billing Record (UB-82 or UB-92) and submitted to the Office of Health Care Information. The categories are defined by the chronic disease diagnosis codes listed on the first page of these Technical Notes. Unless otherwise noted, hospitalizations by cause reflect the first-listed diagnosis at discharge. Table 9 is based on all hospitalizations for chronic conditions of Wisconsin residents discharged in 1994. Table 10 is based on all such discharges from 1989 to 1994.

No data were available for Wisconsin residents hospitalized in other states. Caution is therefore advised when analyzing hospitalizations for residents of border counties. The counties most affected by this care pattern are: Ashland, Barron, Bayfield, Buffalo, Burnett, Douglas, Dunn, Florence, Grant, Iron, Marinette, Pepin, Pierce, Polk, St. Croix, and Washburn. If more complete data were available, the number of hospitalizations for residents of these counties would probably be higher.

Mortality. The conditions listed in Tables 13 and 14 are defined by the chronic disease diagnosis codes listed on the first page of these Technical Notes.